

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4		/		/		
5	/					
6	/		/			
7		/				
8		2				
9		2				
10		1				
11	/		/			
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13			/			
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15	(1)					
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46			/			
47			/			
48			/			
49			/			
50			/			
TOTAL IND.	7		8			
TOTAL DEP.	16	←	34	←		
TOTAL CLAIMS	23		59			

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IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/				
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96					
97					
98					
99					
100					
TOTAL IND.					
TOTAL DEP.		←		←	←
TOTAL CLAIMS					